



Ohio Board of Nursing

www.nursing.ohio.gov

17 S. High Street, Suite 660 • Columbus, Ohio 43215-3466 • 614-466-3947

PRESCRIPTION MEDICATION REPORT

As the treating practitioner, the Board of Nursing Compliance Unit requests that you please take a few moments to complete this form for current medications (prescription, over the counter, and/or herbal preparations) prescribed for this nurse. **Please submit the report directly to the Board.**

Ohio Board of Nursing
Compliance Unit
17 South High St., Suite 660
Columbus, Ohio 43215-7410

Name of Nurse _____ Date: _____

<u>Medication</u>	<u>Dose</u>	<u># of Refills</u>	<u>Start/End Dates</u>

For initial report only: Have you received copy of the nurse's Consent Agreement or Board Order?
YES _____ NO _____

Practitioner Name (print)

Practitioner Signature/ Date

(_____) _____
Phone